

AGENCY LETTERHEAD HERE

(Name, Address, and Phone Number)

Metro Bus Card Voucher Eligibility Confirmation

(Only clients registered in the CPCDMS are eligible for a bus pass voucher)

Date: _____

This is to certify that the undersigned

Applicant Name: _____

Social Security Number: _____

Texas Drivers License/Texas Identification: _____

Address: _____

City/State/Zip Code: _____

Telephone Number/s: _____

Has applied for and has been deemed eligible for one (1) 365-Day (or a value-based) Discounted Metropolitan Transit Authority Bus Card due to Medical Disability.

This letter is being sent in compliance with the Harris County Public Health Services agreement that is in effect between Harris County and Metropolitan Transit Authority.

If any questions or concerns arise concerning this letter and/or the applicant's eligibility for a bus pass, please feel free to contact the agency listed above.

Agency Representative Signature

PRINT NAME (Agency Representative)

**RETURN THIS ORIGINAL FORM & METRO VOUCHER CERTIFICATE
To a METRO RideStore along with a Governmental Picture ID
TO REDEEM FOR A METRO BUS CARD**

Once a bus card is received from METRO you will be responsible for it. If your card becomes defective or you lose the bus card, you need to go to METRO, 1900 Main, 2nd Floor, Monday – Friday from 8:00 a.m. – 4:00 p.m. for assistance.

For a defective bus card, you must turn in the defective card to receive a replacement card free of charge.

For a lost bus card - the first replacement is free, all additional replacements cost \$10.00 each at owner's expense.

For internal agency use only:

11-Character CPCDMS Code + 3-Character ARIES Code: _____	Date: _____
	Comments: _____